

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 7, 2003

Application or Docket Number

09/888396

24220-111129

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	1	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	1 minus 20 =	1
INDEPENDENT CLAIMS	1 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR	BASIC FEE 710.00
X5 9=		OR	X518=
X40=		OR	X80=
+135=		OR	+270=
TOTAL	355	OR	TOTAL

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	Minus	20
Independent	3	Minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM: <input type="checkbox"/>			

SMALL ENTITY
OR OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X5 9=		X518=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	Minus	19
Independent	3	Minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM: <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X5 9=		X518=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	19	Minus	19
Independent	3	Minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM: <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X5 9=		X518=	
X40=		X80=	
+135=		+270=	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.

* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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